

# Overweight and Obesity in Clark County

**“Being overweight or obese may soon cause as much preventable disease and death as cigarette smoking.”**

David Satcher, M.D., Ph.D., Surgeon General 2002

Clark County — along with the State of Washington and the nation — continues to show an increase in the percentage of people who are either overweight or obese. Over half the adult population of our county is either overweight or obese. For adults, overweight is defined as having a body mass index (BMI) of 25 to 29.9, and obese as a BMI of 30 or greater (Box 1, page 2).

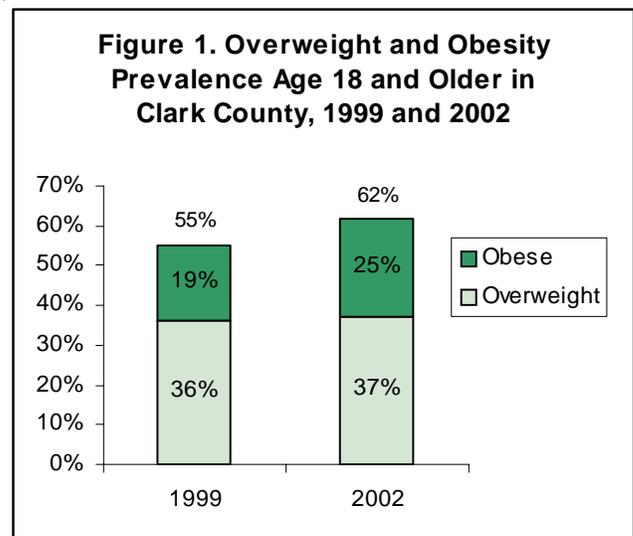
Obesity increases the risk of developing many diseases including type 2 (non-insulin dependent) diabetes, hypertension (high blood pressure) and heart disease. These three diseases constitute some of the leading causes of premature death in our country. Obesity is also related to an array of other conditions (Box 3, page 4).

This report provides an overview of the prevalence and trends of overweight and obesity status in Clark County and a comparison to state and national data. The data identify characteristics of those people most at risk and factors contributing to the development of being overweight and obese. Finally, this report recommends evidence-based activities for addressing the obesity epidemic.

It should be noted that the goal of this report is to promote the achievement of an appropriate weight for reasons of health and not for cosmetic purposes. Although not addressed in this report, being underweight is also associated with health problems (Box 2, page 3).

**The majority of Clark County adults are either overweight or obese.**

- In 1999, 55% of Clark County adults 18 years and older were either overweight or obese. By 2002, this figure increased to 62% with the greatest change in the obese category, which carries a greater health risk.
- In 2002, 37% of Clark County adults reported being overweight and 25% reported being obese.



### Overweight and obesity prevalence in Clark County is similar to that in Washington State and the nation.

- In 2002, 62% of Clark County adults were either overweight or obese.
- In 2002, 59% of adults in Washington State and in the United States were either overweight or obese.

#### Box 1. What does it mean to be overweight or obese?

**Overweight** and **obese** are terms used to describe specific weight-to-height ratios, defined by a body mass index (BMI). For both men and women, ages 18 and older, a BMI of 25 to 29.9 is considered **overweight** and a BMI of 30 or higher is considered **obese**. A BMI of 18.5 to 24.9 is considered a healthy weight. BMI is calculated by dividing a person's weight by the square of their height in inches and multiplying by 703.

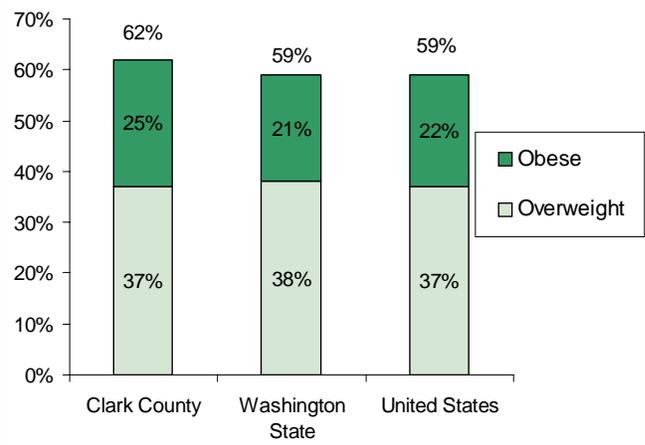
#### Measuring Body Fat

The National Institutes of Health convened a panel in 1998 that recommended using BMI as a classification for overweight and obesity. BMI correlates with risk of disease and death. It is simple, fast and inexpensive to calculate; and for the majority of people, it correlates well with total body fat.<sup>3</sup> A limitation of the BMI calculation is that it does not account for very muscular people (i.e., athletes) who may fall into the overweight category, nor people who have lost muscle mass (e.g., elderly) who may fall into the healthy weight category.<sup>2</sup>

Waist circumference is another measure of a person's body fat. For the general population, a waist circumference of >40 inches for men, and >35 inches for women indicates excess body fat out of proportion with total body fat. This does not apply to persons less than five feet in height or with a BMI of 35 or above.<sup>3</sup>

Note: Overweight is defined differently for people under the age of 18. See Box 4, page 5 for details on overweight in youth.

Figure 2. Overweight and Obesity Prevalence, Age 18 and Older, Clark County, Washington State and U.S., 2002



## How To Determine Your Body Mass Index (BMI)

- **Formula:** You can calculate your BMI using the mathematical formula below or
- **Table:** You can use this quick BMI Table. To use the table, find your height in the left column and your weight in the top row. Example calculation: a person who weighs 160 pounds and is 5 feet, 10 inches, tall has a BMI of 23 and is in the healthy weight range. However, a person of the same height who weighs 190 pounds has a BMI of 27 and is overweight.

$$BMI = \left\{ \frac{WEIGHT \text{ (pounds)}}{HEIGHT \text{ (inches)}^2} \right\} \times 703$$

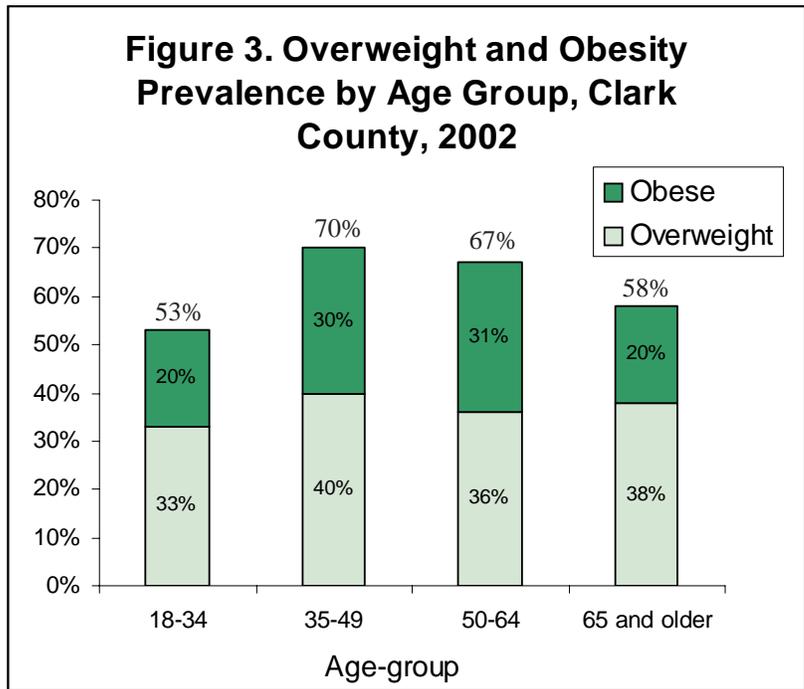
Height in Feet and Inches	Weight in Pounds															
	120	130	140	150	160	170	180	190	200	210	220	230	240	250		
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60		
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56		
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52		
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49		
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46		
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43		
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40		
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38		
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36		
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34		
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32		
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30		
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29		
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28		

Healthy Weight    Overweight    Obese

Source: Overweight and Obesity, Office of the Surgeon General, [www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_advice.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_advice.htm)

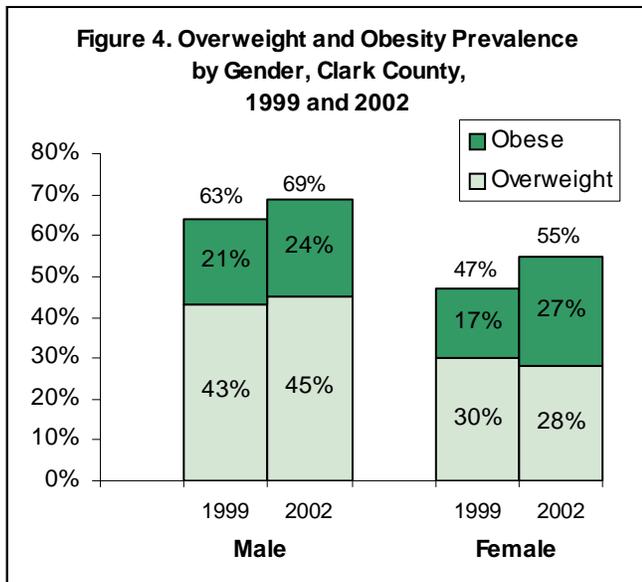
**The prevalence of overweight and obesity differs by age group.**

- In 2002, the age groups of 35-49 and 50-64 had the highest percent of people who were overweight and obese. In both of these age groups, approximately four out of ten people were overweight and three out of ten were obese.
- In 2002, the 18-34 year old age group had the lowest total prevalence of overweight and obesity; however, five out of ten people were either overweight or obese in this age group.



**Box 2. Underweight**

A BMI of 18.4 or lower is considered underweight. While not addressed in this report, being underweight is also associated with health problems. There is a healthy weight window between a BMI of 18.5 and 24.9.



**Overweight and obesity vary by gender.**

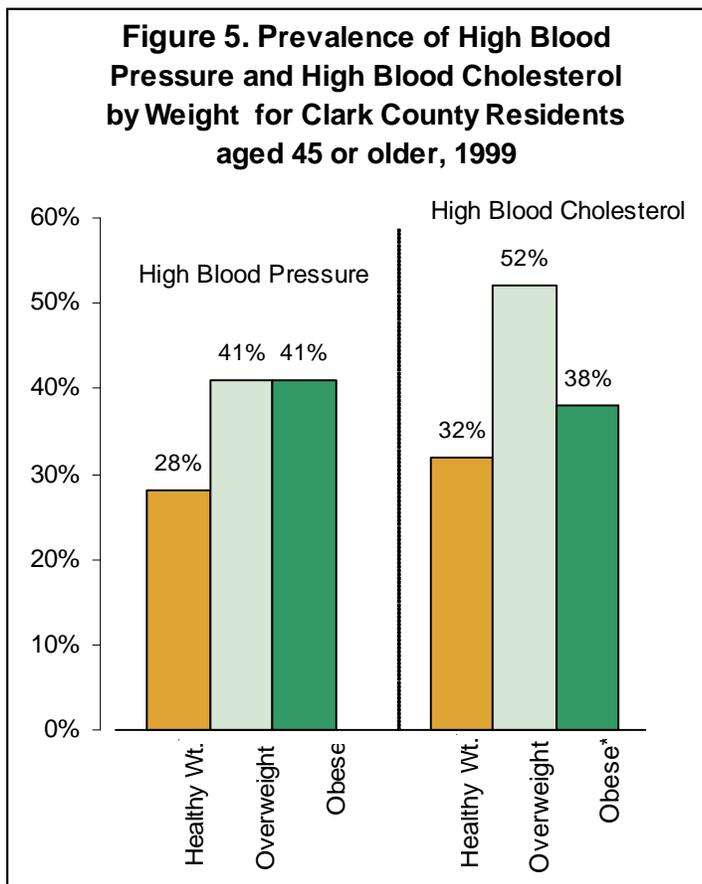
- The overweight/obesity problem is greater in males than in females in Clark County, 63% in males versus 47% in females in 1999, and 69% versus 55% in 2002.
- There was a large increase in obesity among Clark County women from 1999 to 2002, 17% to 27% respectively.

**Overweight and obesity contribute to the development of certain chronic conditions such as high blood pressure and high blood cholesterol.**

- For adults in Clark County 45 years of age and older, the rates of high blood pressure and high blood cholesterol were markedly higher for those who were either overweight or obese as compared to those at a healthy weight.

**Financial Burden of Obesity**

- In 2000, the total cost attributed to obesity in the United States was \$117 billion. Of this amount, \$61 billion was due to direct medical costs and \$56 billion to lost productivity.<sup>3</sup>



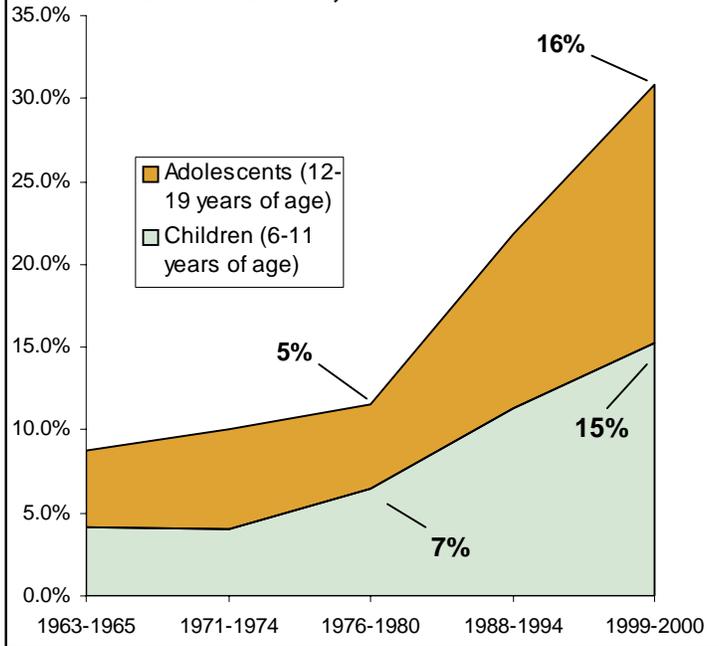
\* This data point is based on a very small sample size (n = 29) and therefore may not be representative of the population.

**Box 3. Health Consequences of Overweight and Obesity:** <sup>1, 2</sup>

- Heart Disease (heart attack, congestive heart failure, sudden cardiac death, angina or chest pain, and abnormal heart rhythm)
- Premature death
- Type 2 (non-insulin dependent) diabetes
- Gallbladder disease
- High blood pressure, hypertension
- High blood cholesterol, dyslipidemia
- Elevated triglycerides and decreased HDL (“good”) cholesterol
- Cancer (including, but not limited to: endometrial, colon, gallbladder, prostate, kidney and postmenopausal breast cancer)
- Sleep apnea
- Asthma
- Breathing problems
- Osteoarthritis
- Complications in pregnancy
- Menstrual irregularities
- Psychological disorders such as depression
- Psychological difficulties due to social stigmatization

Go to [www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_consequences.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm) for more detailed information on these and other health consequences of overweight and obesity.

**Figure 6. Long Term Trend in Overweight Children and Adolescents United States, Selected Years <sup>4</sup>**



**There has been a dramatic increase in overweight youth nationwide.**

- In the last 20 years, the percent of children (6-11 years of age) that is overweight has doubled, going from about 7% in 1976-1980 to about 15% in 1999-2000, the percent of adolescents tripled from 5% to 16%.<sup>4</sup>
- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese.<sup>1</sup>
- Risk factors for diabetes and heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents compared to those with a healthy weight.<sup>1</sup>

**Box 4. Overweight is measured differently in youth than it is in adults.**

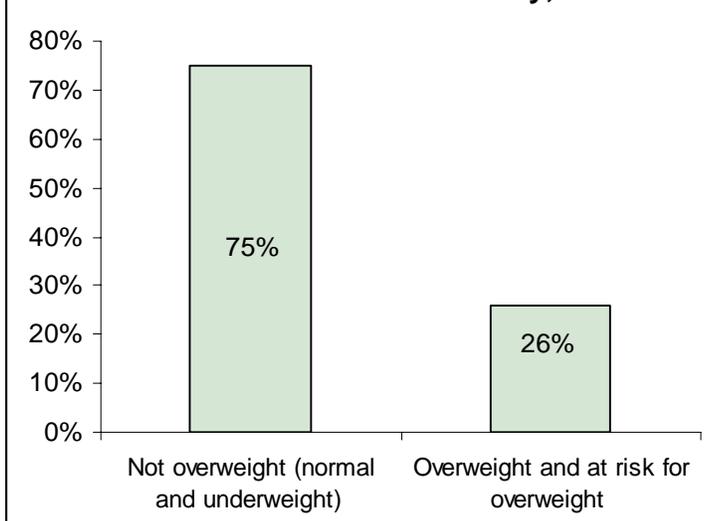
For children and adolescents (ages 6-19), overweight is defined as a sex and age specific BMI at or above the 95th percentile, based on revised Centers For Disease Control and Prevention growth charts ([www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)). Those between the 85th and 95th percentile are considered at-risk of becoming overweight. There is no separate definition for obese in these age groups.

For a more detailed description of the classification of overweight in youth go to [www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm).

**A substantial percent of Clark County youth are overweight.**

- In 2002, 26% of Clark County’s eighth grade students who took the Healthy Youth Survey reported being overweight or at risk of becoming overweight.
- Overweight in youth is generally due to a combination of lack of physical activity and unhealthy eating patterns, as well as genetic factors. Children, especially girls, become less active as they move through adolescence.<sup>1</sup>
- The most immediate consequence of overweight as perceived by the children themselves is social discrimination. This is associated with poor self-esteem and depression.<sup>1</sup>

**Figure 7. Overweight Status for 8th Grade Students in Clark County, 2002**



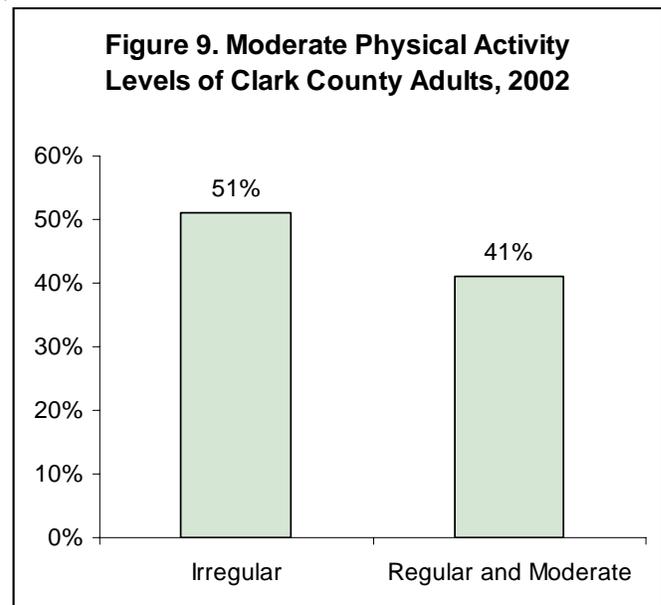
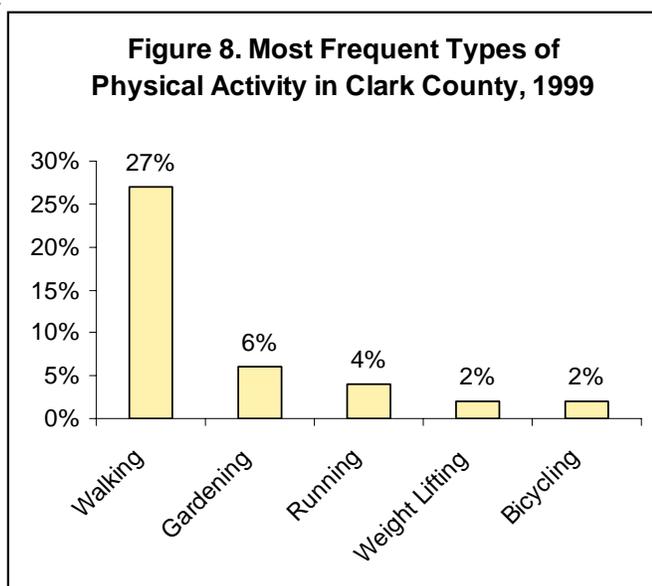
Note: Totals may not add to 100 due to rounding.

## Physical Activity in Clark County

Regular physical activity is good for overall health. Physical activity decreases the risk of colon cancer, diabetes, heart disease, and high blood pressure. It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among the elderly; and helps to relieve the pain of arthritis. Physical activity does not have to be strenuous to be beneficial. Moderate physical activity, such as 30 minutes of brisk walking five or more times a week, also has health benefits.<sup>2</sup>

### Level of physical activity for most Clark County adults, aged 18 and older, does not meet CDC recommendations.

- About 84% of Clark County adults had participated in some form of leisure time physical activity (other than at work) within the previous month.
- The CDC recommends adults engage in moderate intensity physical activity for at least 30 minutes five or more days of the week. Alternatively, adults can engage in vigorous intensity physical activity three or more days per week for 20 or more minutes per occasion.
- About 41% of Clark County residents reported regular and moderate physical activity.
- 51% of Clark County residents reported doing some physical activity but not enough to meet the CDC recommendations.



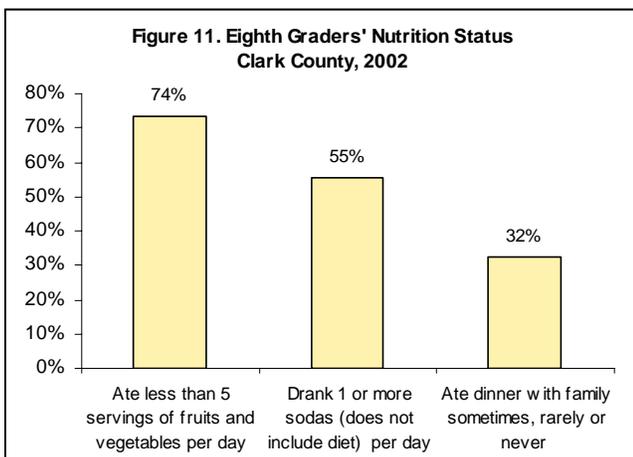
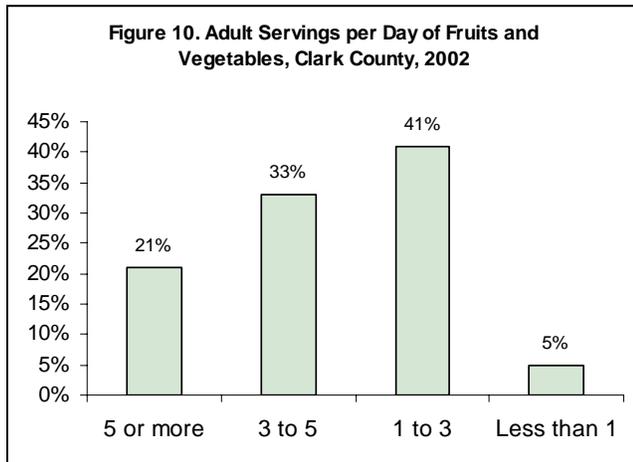
### Box 5. Definition of Levels of Physical Activity

- Physically inactive is defined as having no leisure time physical activity.
- Irregular physical activity is defined as moderate activity done less than the recommended frequency of 30 minutes or more per session for five times a week or more.
- Regular and moderate activity is defined as physical activity done for 30 minutes or more per session for five times a week or more.
- Regular and vigorous activity is defined as physical activity done for at least 20 minutes per session three or more times a week with an energy expenditure of 50% or greater of maximum cardiorespiratory capacity.
- The CDC states that during moderate intensity physical activities a person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

Go to [www.cdc.gov/nccdphp/dnpa/index.htm](http://www.cdc.gov/nccdphp/dnpa/index.htm) for a more detailed description and a list of examples of different types and intensities of physical activity.

## Nutrition in Clark County

Choosing a variety of healthy foods in the correct portion sizes is helpful for achieving and maintaining a healthy weight. The United States Department of Agriculture (USDA) recommends eating at least two servings of fruit and at least three servings of vegetables each day. Go to [www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm](http://www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm) for more detailed information on the Dietary Guidelines for Americans.<sup>3</sup>



### Clark County adults and youth are not eating enough fruits and vegetables.

- In 1996, about 75% of Clark County adults were not eating five servings of fruits and vegetables a day.
- By 2002, almost 80% of Clark County residents were not eating five servings a day and about 46% were eating less than three a day. This is a disturbing trend, with all the health benefits of a diet rich in fruits and vegetables.
- For comparison, in 2000, about 75% of Washington residents and about 77% of people in the United States were not getting five a day.
- In 2002, three out of four eighth graders who took the Healthy Youth Survey reported not eating five servings of fruits and vegetables a day.
- Absence of family meals is associated with children's and adolescents' lower fruit and vegetable intake, as well as consumption of more fried foods and carbonated beverages.<sup>8</sup>

### Box 6. Food Insecurity and Hunger

Food insecurity is defined as the limited and uncertain access to adequate food due to insufficient resources. Food insecurity is associated with overweight and obesity. Poor families are more likely to be obese.<sup>7,8</sup>

Lack of food resources leads to overweight by: maximizing caloric intake with food quantity rather than food quality; overeating when food is available; and the fact that the body stores more calories as fat when there are periodic food shortages.<sup>9</sup>

In 1999, an estimated 42,000 adults in the State of Washington went without eating for an entire day because of a lack of food or a lack of money to buy food. In Clark County, also in 1999, approximately 5% of the population said they experienced some form of food insecurity in the past month. Furthermore, almost 13% of those with incomes less than \$25,000 a year stated they had been concerned about having enough food for their families, had skipped meals because of a lack of food, or had gone for at least a day without eating because there was no food or money to buy food.<sup>10</sup>

The paradox between hunger and obesity is complex. For a comprehensive discussion of this issue, please see the Children's Alliance Report, *Hunger in Washington: Acting on the Evidence*, September 2003, online at : <http://childrensalliance.org/4Download/Hunger.doc.pdf> and the Food Research and Action Center Report, *The Paradox of Hunger and Obesity in America*, July 2003, at: <http://www.frac.org/pdf/hungerandobesity.pdf>

### **What causes a person to become overweight or obese?**

For each individual, body weight is the result of a combination of genetic, metabolic, behavioral, environmental, cultural, and socioeconomic influences. Overweight and obesity result from an imbalance involving excessive caloric consumption and/or inadequate physical activity.<sup>3</sup>

### **Why have rates of overweight and obesity been rising?**

The genetic composition of a population changes slowly over time. Therefore, it is doubtful that the recent significant increase in overweight and obesity was caused by genetic alterations in the population. It is more likely this problem is due to changes in non-genetic factors such as a decrease (or leveling off) of physical activity, an increase in calorie intake, and environments that encourage unhealthy lifestyle choices.

### **Physical activity is not adequate to balance increased calorie consumption.**

- There has been an increase in the amount of time spent watching television, playing video games and using the computer. All these activities contribute to a sedentary lifestyle, which may increase a person's chances of becoming overweight or obese.<sup>5</sup>
- The use of automobiles for short trips and commuting to work has increased, whereas walking and biking for these purposes has decreased.<sup>5</sup>
- There has been a decrease in occupations that require physical labor. In addition, many jobs that were formerly labor intensive, now utilize labor-saving technology, thus reducing the amount of physical activity at the workplace.<sup>5</sup>

### **There has been an increase in calorie intake as well as a shift toward more calorie dense foods.**

- Between 1977-1978 and 1994-1996, there was a 131% increase in the consumption of soft drinks. In the 1990's, soft drink consumption increased more rapidly than any other food group, from 34.7 gallons per capita in 1991 to 44.4 gallons per capita in 1997. This increase was even more dramatic in adolescents where soft drink consumption in teenage boys nearly tripled from 1977-1978 to 1994-1996. Data also suggest that soft drinks are displacing milk among children and adolescents.<sup>5</sup>
- There has been an increase in the frequency of eating foods prepared outside of the home such as in fast food and dine-in restaurants, convenience stores, delicatessens, and take-out food. The amount of money spent on food prepared outside of the home jumped from 25% of total food spending in 1970 to 40% in 1995. Available data suggest that foods from away-from-home sources are higher in calories and fat compared with at-home foods.<sup>3</sup>
- Portion sizes of prepackaged foods as well as those served in restaurants have increased.<sup>5</sup> Go to <http://hin.nhlbi.nih.gov/portion/> for an interactive quiz on the changes in portion sizes over the last 20 years.

### **Environmental influences make it difficult to make healthy choices.**

- Residential development and zoning favor cul-de-sac housing and discourage mixed business-and-residential development, which increases distances traveled and reliance on automobiles.<sup>6</sup>
- The increased availability of soft drinks by way of vending machines — especially in schools and at the work place — creates an environment in which it is easier to make unhealthy choices.<sup>5</sup>
- Time spent in meal preparation has declined by nearly half since 1950 due largely to increased time spent at work<sup>5</sup> and an increased proportion of either single parent families or families in which both parents work.<sup>5</sup>

## What Can We Do About the Obesity Epidemic?

Washington State has developed a plan designed to slow the increase in the proportion of adults who are obese, reduce rates of chronic disease and improve the quality of life for all Washington residents. There are six main objectives identified in *The Washington State Nutrition and Physical Activity Plan*: three for physical activity and three for nutrition. Along with each objective, a few priority recommendations are listed as well.

### Physical Activity Objectives

- Increase the number of physical activity opportunities available to children.
  - Adopt school-based curricula and policies that provide quality, daily physical education for all students.
  - Encourage policies that provide kindergarten through twelfth grade students with opportunities for physical activity outside of formal physical education classes.
  - Provide opportunities to replace sedentary behaviors, such as watching television, with physical activity.
- Increase the number of people who have access to free or low-cost recreational opportunities for physical activity.
  - Provide adequate funding for state and local recreation sites and facilities.
  - Develop model policies to increase access to public facilities for physical activity.
  - Increase the number of worksites that have policies that enhance activity opportunities.
- Increase the number of active community environments.
  - Utilize urban planning approaches — zoning and land use — that promote physical activity.
  - Incorporate transportation policy and infrastructure changes to promote non-motorized transit.
  - Enhance safety and perceived safety to improve community walkability and bikeability.

### Nutrition Objectives

- Increase access to health-promoting foods.
  - Increase the consumption of vegetables and fruits.
  - Ensure that worksites provide healthful foods and beverages.
  - Ensure that kindergarten through twelfth grade schools provide healthful foods and beverages.
- Reduce hunger and food insecurity.
  - Provide adequate support for nutrition and food programs.
  - Improve access to nutrition programs.
- Increase the proportion of mothers who breastfeed their infants and toddlers.
  - Ensure that health care settings, childcare facilities, and worksite environments are breastfeeding friendly.

“The vision for the *Washington State Nutrition and Physical Activity Plan* is that Washington residents will enjoy good nutrition, have active lives, and live in healthy communities.”

---

For more information about the Washington State Nutrition and Physical Activity Plan, go to <http://www.doh.wa.gov/Publicat/NPA%20State%20Plan.pdf> or contact the Washington State Department of Health, Nutrition and Physical Activity Program, PO Box 47833, Olympia, WA 98504-7833 or call (360) 236-3755.

For a list of national priorities go to [www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_vision.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_vision.htm)

## Clark County Resources

### Clark County Family YMCA

Web address: [www.ymca-clarkcounty.org](http://www.ymca-clarkcounty.org)

Contact: Kristine Perry, Phone: (360) 855-9622

*The Clark County YMCA includes Tai Chi, 12-week Personalized Fitness, Water and Floor Aerobics, Nutrition and Health Education, Open Swim and Lessons, Wellness Resource Center, Open Gym, Child Watch, Strength Training and Cardio Equipment, Youth and Family Programs, Diabetes Fitness, Rock Wall, Kids Camps, Teen and Sports Programs, Y-Pal and Y-Friend Mentoring, Learning Academy, and much more.*

### Community Choices 2010

Web address: [www.communitychoices2010.com/](http://www.communitychoices2010.com/)

Contact: Barbe West, Executive Director,

Phone: (360) 567-1087

Email: [barbew@communitychoices2010.com](mailto:barbew@communitychoices2010.com)

*Community Choices 2010 is a community-based, broadly supported, non-profit organization. They are currently working on an initiative called Fit Clark County, designed to reduce overweight and obesity, increase physical activity and improve the overall health of the community.*

### Health Education Center at Southwest Washington Medical Center

Mary Paeth, Patient/Community Coordinator,

Phone: (360) 514-6788

Web address: [www.swmedicalcenter.com/](http://www.swmedicalcenter.com/)

*The Health Education Center offers classes such as First Steps/Passport to Wellness, a program involving education on physical activity as well as information on many community walks.*

### Nutrition and Diabetes Center at Southwest Washington Medical Center

Contact: Dee Sandquist, MS, RD, Manager, Nutrition & Diabetes Center

Phone: (360) 514-3148

Web address: [www.swmedicalcenter.com/](http://www.swmedicalcenter.com/)

*The Nutrition and Diabetes Center provides individual skills to manage healthy food choices and diabetes care. They offer nutrition counseling, diabetes education classes, and a variety of other services.*

### Vancouver-Clark Parks and Recreation

Contact: Dave Miletich, Recreation Services Manager

Phone: (360) 619-1111

Web address:

[www.ci.vancouver.wa.us/parks-recreation/index.asp](http://www.ci.vancouver.wa.us/parks-recreation/index.asp)

*Vancouver-Clark Parks and Recreation provides information about parks and trails in Clark County as well as a variety of classes and activities.*

### The Supplemental Food Program for Women, Infants, and Children (W.I.C.)

Contact: Tricia Mortell

Phone: (360) 397-8215

Web address: [www.swwhd.wa.gov/](http://www.swwhd.wa.gov/)

Web address to Washington State: [www.doh.wa.gov/cfh/WIC/default.htm](http://www.doh.wa.gov/cfh/WIC/default.htm)

*W.I.C. serves to safeguard the health of low-income women, infants, & children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. The Get Moving! Be Active! campaign is a state program — in cooperation with Washington State University (WSU) — designed to increase physical activity in W.I.C. families in hopes of decreasing childhood obesity.*

### Washington State University (WSU) Cooperative Extension

Contact : Sandra Brown, Extension Faculty, Food Safety and Nutrition Educator

Phone: (360) 397-6060 ext. 7712

*The WSU Cooperative Extension uses the Food Sense program to educate 3rd grade students about nutrition and physical activity. They also train middle school students to be mentors through a program called Eat and Play for Health. These students then go on to teach what they have learned about nutrition and physical activity to younger students.*

#### Box 7. About this report

This report was prepared by James Jacobs, Tufts University, School of Medicine, Public Health Student Intern in conjunction with the

Assessment and Research Unit  
Clark County Health Department

P.O. Box 9825

Vancouver, WA 98666-8825

Phone: (360) 397-8257

Fax: (360) 397-8424

For questions regarding this report or for additional copies please contact Maria Maribona at (360) 397-8215, extension 3034, or by email at [mjohnson@swwhd.wa.gov](mailto:mjohnson@swwhd.wa.gov)

## Other Resources

### **Aim for a Healthy Weight**

Web address: [www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/index.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm)

*The National Institutes of Health maintain this site, which offers resources for both health care professionals and the public on how to achieve and maintain a healthy weight.*

### **American Cancer Society**

Web address: [www.cancer.org](http://www.cancer.org)  
Phone: 1-800-ACS-2345

*The American Cancer Society provides information on how nutrition and physical activity can prevent many types of cancer.*

### **American Heart Association**

Web address: [www.americanheart.org/](http://www.americanheart.org/)

*The American Heart Association provides information on obesity as a risk factor for heart disease and stroke, as well as the role of nutrition and physical activity in obesity prevention.*

### **American Obesity Association**

Web address: [www.obesity.org/](http://www.obesity.org/)

*The American Obesity Association is dedicated to changing the perception of obesity to one that recognizes it as a complex disease involving more than just personal behavior, but also factors such as our environment and genetic heritage.*

### **Guide to Community Preventive Services**

Web address: [www.thecommunityguide.org/](http://www.thecommunityguide.org/)

*The Guide to Community Preventive Services gives recommended interventions based on scientific evidence for many public health related topics.*

### **Leadership for Active Living**

Marla Hollander, Director (619) 260-6336  
Web address: [www.leadershipforactiveliving.org](http://www.leadershipforactiveliving.org)

*Leadership for Active Living is a national initiative that supports government leaders as they create and promote policies, programs and places to enable active living.*

### **The Northwest Obesity Prevention Project**

Web address: <http://depts.washington.edu/obesity>

*The Northwest Obesity Prevention Project was established to coordinate regional public health efforts to promote healthy weights.*

### **The Rivers, Trails, and Conservation Assistance Program**

Web address: [www.nps.gov/rtca/](http://www.nps.gov/rtca/)

*The Rivers, Trails, and Conservation Assistance Program, is a community resource of the National Park Service. Rivers & Trails staff work with community groups as well as local and state governments to conserve rivers, preserve open space, and develop trails and greenways.*

### **Walkability Checklist and Resources**

*This is an interactive tool on-line to rate how walkable a community is. It was developed by the Pedestrian and Bicycle Information Center, and the U.S. Department of Transportation into an interactive feature by the Robert Wood Johnson Foundation. Select "Interactive Walkability Checklist" at: <http://www.rwjf.org/news/special/shape/shape.jhtml> For Walkability Resources, go to [http://www.walkinginfo.org/cps/online\\_checklist.htm](http://www.walkinginfo.org/cps/online_checklist.htm)*

### **Washington State Department of Health**

Web address: [www.doh.wa.gov](http://www.doh.wa.gov)  
Consumer hotline: 1-800-525-0127

### **Weight Control Information Network (WIN)**

Web address:  
[www.niddk.nih.gov/health/nutrit/win.htm](http://www.niddk.nih.gov/health/nutrit/win.htm)  
Phone: (202) 828-1025 or 1-877-946-4627

*WIN was established in 1994 to provide health professionals and consumers with science-based information on obesity, weight control, and nutrition. WIN has also developed the Sisters Together: Move More, Eat Better Media program that encourages Black women 18 and over to maintain a healthy weight by becoming more physically active and eating healthier foods.*

### **Box 8. Data Sources**

All adult (18 and older) data in this report come from the Behavioral Risk Factor Surveillance System (BRFSS) developed by the Centers for Disease Control and Prevention, a randomized telephone interview designed to gather information about health status, behaviors that influence health, and the use of health care services. Only English speaking residents are surveyed. Go to [www.cdc.gov/brfss/index.htm](http://www.cdc.gov/brfss/index.htm) for more information. Data from Clark County Health Department BRFSS 1996, 1999, and 2002, and Centers for Disease Control and Prevention BRFSS data 2002.

Youth data are from the Healthy Youth Survey (HYS), a survey that measures adolescent health behaviors and related risk and protective factors among students in public schools in grades six, eight, ten, and twelve. Eighth graders are reported as targets for prevention programs, and comparison with previous Clark County Community Choices 2010 Report Cards.

RMC Research Corporation, Portland, Oregon, Washington State Healthy Youth Survey, 2002 Survey Results. June 2003.

Population data come from the Washington State Office of Financial Management, Intercensal/Postcensal Population Estimates, 1990-2002. Online <http://www.ofm.wa.gov/pop/coagemf/est90-02.xls>

### References

1. U.S. Department of Health and Human Services. Public Health Service, Office of the Surgeon General. The Surgeon General's *Call To Action To Prevent and Decrease Overweight and Obesity, 2001*. Online: <http://www.surgeongeneral.gov/topics/obesity/default.htm>
2. National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health. Overweight and Obesity. NIDDK Weight-Control Information Network. Online: <http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>
3. National Center for Chronic Disease Prevention and Health Promotion. Overweight and Obesity. Centers for Disease Control and Prevention. Online: <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>
4. National Center for Health Statistics. Health, United States, 2003. Hyattsville, Maryland: 2003. Table 69: *Overweight Children and Adolescents 6-19 Years of Age, According To Sex, Age, Race, and Hispanic Origin: United States, selected years 1963-65 through 1999-2000*.
5. French SA, Jeffery RW, and Story M. *Environmental Influences on Eating and Physical Activity*. Annual Review Public Health 2001, 22:309-35.
6. Public Health - Seattle and King County. *Overweight and Obesity in King County*. Public Health Data Watch, March 2002, vol. 5 number 1.
7. Washington State Department of Health. Diabetes, Nutrition and Physical Activity Program. *Washington State Nutrition and Physical Activity Plan, Policy and Environmental Approaches*. June 2003. Online: <http://www.doh.wa.gov/Publicat/NPA%20State%20Plan.pdf>.
8. American Academy of Pediatrics. Policy Statement. *Prevention of Pediatric Overweight and Obesity*. Pediatrics Vol. 112, No. 2. August 2003, 424-430  
Online: <http://www.aap.org/policy/S100029.html>
9. Food Research and Action Center. *The Paradox of Hunger and Obesity in America*. July 2003. Online: <http://www.frac.org/pdf/hungerandobesity.pdf>
10. Southwest Washington Health District, Assessment and Research Unit. *Clark County Behavioral Risk Factor Surveillance System Report, 1999*.  
Online: <http://www.clark.wa.gov/> and go to Clark County Health Department